

<i>SERFF Tracking Number:</i>	<i>WAUS-125688430</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Insurance Company of Wausau, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AUF-CW-014-08</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto-Business Auto and Garage</i>		
<i>Project Name/Number:</i>	<i>Amendment of company declaration pages/AUF-CW-014-08</i>		

## Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Business Insurance Company, Wausau Underwriters Insurance Company

Product Name: Commercial Auto-Business Auto and Garage      SERFF Tr Num: WAUS-125688430 State: Arkansas

TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AUF-CW-014-08	State Status: Fees verified and received

Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
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Author: Michelle Skidmore1      Disposition Date: 06/10/2008

Date Submitted: 06/09/2008      Disposition Status: Approved

Effective Date Requested (New): 09/01/2008      Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008      Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name: Amendment of company declaration pages

Project Number: AUF-CW-014-08

Reference Organization:

Reference Title:

Filing Status Changed: 06/10/2008

State Status Changed: 06/10/2008

Corresponding Filing Tracking Number:

Filing Description:

PROJECT # AUF-CW-014-08

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

EMPLOYERS INSURANCE COMPANY OF WAUSAU – 11121458

WAUSAU UNDERWRITERS INSURANCE COMPANY – 11126042

WAUSAU BUSINESS INSURANCE COMPANY – 11126069

*SERFF Tracking Number:*      *WAUS-125688430*      *State:*      *Arkansas*  
*First Filing Company:*      *Employers Insurance Company of Wausau, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AUF-CW-014-08*  
*TOI:*      *20.0 Commercial Auto*      *Sub-TOI:*      *20.0001 Business Auto*  
*Product Name:*      *Commercial Auto-Business Auto and Garage*  
*Project Name/Number:*      *Amendment of company declaration pages/AUF-CW-014-08*

RE: COMMERCIAL AUTOMOBILE

Business Auto and Garage Coverage Forms:

WA8454 09 08    Changes in Policy-Business Auto Declarations-Item Two  
CA DS 09 09 08    Garage Declarations  
WA8456 09 08    Changes in Policy-Garage Declarations-Item Two

Requested Effective Date: 09/01/2008

The captioned companies submit the above revised policy declaration pages to be used with Business Auto and Garage Coverage Forms.

Please see the attached inventory indicating form details and intent of the revisions.

If you should have any questions or concerns please do not hesitate to contact me.

Your review and acknowledgement/approval of this submission is appreciated.

Sincerely,

Michelle Skidmore  
State Filings Analyst  
1-877-792-8728 Ext 3203  
Fax: 1-715-842-6828  
Michelle.skidmore@wausau.com  
Enclosures

SERFF Tracking Number: WAUS-125688430 State: Arkansas  
 First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AUF-CW-014-08  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Auto-Business Auto and Garage  
 Project Name/Number: Amendment of company declaration pages/AUF-CW-014-08

## Company and Contact

### Filing Contact Information

Michelle Skidmore, State Filings Analyst michelle.skidmore@wausau.com  
 P.O. Box 8017 (877) 792-8728 [Phone]  
 Wausau, WI 54402-8017 (715) 842-6828[FAX]

### Filing Company Information

Employers Insurance Company of Wausau	CoCode: 21458	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-0264050	

Wausau Business Insurance Company	CoCode: 26069	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 36-3522250	

Wausau Underwriters Insurance Company	CoCode: 26042	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-1341459	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form filing  
  
 \$50 x 1 form filing = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	06/09/2008	20744732

*SERFF Tracking Number:*      *WAUS-125688430*      *State:*      *Arkansas*  
*First Filing Company:*      *Employers Insurance Company of Wausau, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AUF-CW-014-08*  
*TOI:*      *20.0 Commercial Auto*      *Sub-TOI:*      *20.0001 Business Auto*  
*Product Name:*      *Commercial Auto-Business Auto and Garage*  
*Project Name/Number:*      *Amendment of company declaration pages/AUF-CW-014-08*

Wausau Business Insurance Company	\$0.00	06/09/2008
Wausau Underwriters Insurance Company	\$0.00	06/09/2008



<i>SERFF Tracking Number:</i>	<i>WAUS-125688430</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Insurance Company of Wausau, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AUF-CW-014-08</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto-Business Auto and Garage</i>		
<i>Project Name/Number:</i>	<i>Amendment of company declaration pages/AUF-CW-014-08</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	06/10/2008	06/10/2008

### Amendments

<b>Item</b>	<b>Schedule</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Forms Inventory	Supporting Document	Michelle Skidmore1	06/09/2008	06/09/2008

<i>SERFF Tracking Number:</i>	<i>WAUS-125688430</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Insurance Company of Wausau, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AUF-CW-014-08</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto-Business Auto and Garage</i>		
<i>Project Name/Number:</i>	<i>Amendment of company declaration pages/AUF-CW-014-08</i>		

## Disposition

Disposition Date: 06/10/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal): 09/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

SERFF Tracking Number: WAUS-125688430 State: Arkansas

First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50

Company Tracking Number: AUF-CW-014-08

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto-Business Auto and Garage

Project Name/Number: Amendment of company declaration pages/AUF-CW-014-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Inventory	Approved	Yes
Form	Changes in Policy-Business Auto Declarations-Item Two	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Changes in Policy-Garage Declarations-Item Two	Approved	Yes



*SERFF Tracking Number:*      *WAUS-125688430*      *State:*      *Arkansas*  
*First Filing Company:*      *Employers Insurance Company of Wausau, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AUF-CW-014-08*  
*TOI:*      *20.0 Commercial Auto*      *Sub-TOI:*      *20.0001 Business Auto*  
*Product Name:*      *Commercial Auto-Business Auto and Garage*  
*Project Name/Number:*      *Amendment of company declaration pages/AUF-CW-014-08*

**Amendment Letter**

Amendment Date:

Submitted Date:      06/09/2008

**Comments:**

Forms Inventory Attached

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Forms Inventory**

Comment:

Forms Inventory.pdf

SERFF Tracking Number: WAUS-125688430 State: Arkansas

First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50

Company Tracking Number: AUF-CW-014-08

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto-Business Auto and Garage

Project Name/Number: Amendment of company declaration pages/AUF-CW-014-08

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Changes in Policy-Business Auto Declarations-Item Two	WA8454	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 WA8454 09 06 Previous Filing #: AUF-CW-024-06		WA8454 0908.pdf
Approved	Garage Declarations	CADS09	03 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CADS09 03 08 Previous Filing #: AUF-CW-003-08		CADS09 0908.pdf
Approved	Changes in Policy-Garage Declarations-Item Two	WA8456	09 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 WA8456 09 06 Previous Filing #: AUF-CW-024-06		WA8456 0908.pdf

## CHANGES IN POLICY – BUSINESS AUTO DECLARATIONS – ITEM TWO

POLICY NUMBER

### ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE "ACCIDENT" OR "LOSS"		PREMIUM
Liability (LIAB )				
Compulsory Bodily Injury (MA only)		\$20,000 \$40,000	Each Person Each Accident	
Optional Bodily Injury (MA only)			Each Person Each Accident	
Property Damage (Compulsory Limit \$5,000) (MA only)			Each Accident	
Personal Injury Protection (PIP) (or equivalent No-Fault Coverage)		Separately stated in each PIP Endorsement		
Added Personal Injury Protection (PIP) (or equivalent added No-Fault Coverage)		Separately stated in each ADDED PIP Endorsement		
Extraordinary Medical Benefits Coverage (EMB) (PA only)		Separately stated in the EMB Endorsement		
Optional Basic Economic Loss Coverage (OBEL) (NY only)		Separately stated in the OBEL Schedule		
Property Protection Insurance (PPI) (MI only)		Separately stated in the PPI Endorsement		
Medical Expense and Income Loss Benefits (ME/ILB) (VA only)		Separately stated in the ME/ILB Endorsement		
Auto Medical Payments (MED)				
Uninsured Motorists (UM)		See UM/UIM Schedule		
Underinsured Motorists (UIM) (When not included in Uninsured Motorists Coverage)		See UM/UIM Schedule		

POLICY NUMBER

ITEM TWO (Continued)

COVERAGES	COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE "ACCIDENT" OR "LOSS"	PREMIUM
Supplementary Uninsured/ Underinsured Motorists (SUM) (NY only)		See State Schedule of Limits for SUM Insurance	
Uninsured Motorists (Compulsory Limits \$20,000/\$40,000) (MA only)		SEE UM/UIM Schedule	
Physical Damage Comprehensive Coverage (COMP)		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto," but no deductible applies to "LOSS" caused by fire or lightning. See ITEM FOUR For Hired Or Borrowed "Autos."	
Physical Damage Specified Causes of Loss Coverage (SCL)		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto" for loss caused by mischief or vandalism. See ITEM FOUR For Hired Or Borrowed "Autos".	
Physical Damage Collision Coverage (COLL)		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto". See ITEM FOUR For Hired Or Borrowed "Autos".	
Physical Damage Limited Collision Coverage (MA only)		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto" as stated in ITEM THREE.	
Physical Damage Towing and Labor		See ITEM THREE Schedule of Covered "Autos" You Own for the limit for each disablement.	
SCHEDULE PREMIUM			
ENDORSEMENT PREMIUM			
TOTAL ESTIMATED PREMIUM			

SURCHARGES, TAXES, & ASSESSMENTS SHOWN IN SEPARATE SCHEDULE ATTACHED.

This policy may be subject to final audit.

## GARAGE DECLARATIONS

POLICY NUMBER

### ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations."

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
Liability - "Garage Operations" "Auto"		\$ each "Accident"	
Other Than "Auto" Only		\$ each "Accident"	
Other Than "Auto" Only		\$ Aggregate	
Personal Injury Protection (PIP) (or equivalent No-fault coverage)		Separately Stated in each PIP Endorsement	
Added Personal Injury Protection (PIP) (or equivalent added No-fault coverage)		Separately stated in each ADDED PIP Endorsement	
Property Protection Insurance (PPI) (MI only)		Separately stated in the PPI Endorsement	
Medical Expense And Income Loss Benefits (ME/ILB) (VA only)		Separately stated in the ME/ILB Endorsement	
Medical Payments (MED)		\$	
Uninsured Motorists (UM)		See UM/UIM Schedule	
Underinsured Motorists (UIM) (When not included in Uninsured Motorists Coverage)		See UM/UIM Schedule	

## ITEM TWO (CONTINUED)

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
GARAGEKEEPERS			
Comprehensive (COMP)		Separately Stated for Each Location In Item Six.	
Specified Causes of Loss (SCL)		Separately Stated for Each Location In Item Six.	
Collision (COLL)		Separately Stated for Each Location In Item Six.	
PHYSICAL DAMAGE			
Comprehensive (COMP)		Actual Cash Value or Cost of Repair whichever is less Minus \$ Deductible for Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning. See Item Seven for Dealers Autos.	
Specified Causes of Loss (SCL)		Actual Cash Value or Cost of Repair whichever is less Minus \$ Deductible for Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning. See Item Seven for Dealers Autos.	
Collision (COLL)		Actual Cash Value or Cost of Repair whichever is less Minus \$ Deductible for Each Covered Auto. See Item Seven for Dealers Autos.	
Towing and Labor		See Schedule of Covered "Autos" You Own.	
SCHEDULE PREMIUM			
ENDORSEMENT PREMIUM			
ESTIMATED PREMIUM			
SURCHARGES, TAXES, & ASSESSMENTS SHOWN IN SEPARATE SCHEDULE ATTACHED.			

This policy may be subject to final audit.

**ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Location No.	Class Code	Address State your main business location as Location No. 1
1		
2		
3		

**ITEM FOUR - LIABILITY COVERAGE - RATES AND PREMIUMS**

Location No.	Classes of Operators	Rating Factor	Number Of Persons	Total Rating Units	Rates			Premiums		
					Liability	PIP Med Exp and Inc Loss	PPI (MI only)	Liability	PIP Med Exp and Inc Loss	PPI (MI only)
1	Class I - Employees Regular Operators									
	Class I - Employees All Others									
	Class II - Non-Employees Under the Age of 25									
	Class II - Non-Employees Age 25 or Over									
	All Employees (Only for Trailer Dealers)									
2	Class I - Employees Regular Operators									
	Class I - Employees All Others									
	Class II - Non-Employees Under the Age of 25									
	Class II - Non-Employees Age 25 or Over									
	All Employees (Only for Trailer Dealers)									
3	Class I - Employees Regular Operators									
	Class I - Employees All Others									
	Class II - Non-Employees Under the Age of 25									
	Class II - Non-Employees Age 25 or Over									
	All Employees (Only for Trailer Dealers)									
TOTAL PREMIUM										

**Definitions:****Class I - Employees**

**Regular Operator** - Proprietors, partners and officers active in the "garage operations;" salespersons, general managers, service managers; any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto."

**All Others** - All other "employees".

- Note:**
1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
  2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

**Class II - Non-Employees**

Any of the following persons who are regularly furnished with a covered "auto:" Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

**ITEM FIVE - LIABILITY COVERAGE FOR YOUR CUSTOMERS**

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with Paragraph **a. (2) (d)** of Who Is An Insured Under Section II – Liability Coverage

( ) If this box is checked, paragraph **a.(2) (d)** of Who is An Insured Under Section II - Liability Coverage does not apply.

**ITEM SIX - GARAGEKEEPERS' COVERAGES - LIMITS AND PREMIUMS**

Location No.	Coverages	LIMIT OF INSURANCE FOR EACH LOCATION	Premium
1	Comprehensive	\$ _____ minus \$ _____ deductible for each customer's auto for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event.	
	Specified Causes of Loss	\$ _____ minus \$ _____ deductible for each customer's auto for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event	
	Collision	\$ _____ minus \$ _____ deductible for each customer's "auto"	
2	Comprehensive	\$ _____ minus \$ _____ deductible for each customer's auto for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event.	
	Specified Causes of Loss	\$ _____ minus \$ _____ deductible for each customer's auto for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event.	
	Collision	\$ _____ minus \$ _____ deductible for each customer's "auto"	
3	Comprehensive	\$ _____ minus \$ _____ deductible for each customer's auto for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event.	
	Specified Causes of Loss	\$ _____ minus \$ _____ deductible for each customer's auto for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event	
	Collision	\$ _____ minus \$ _____ deductible for each customer's "auto"	
TOTAL PREMIUM			



**Direct Coverage Options**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

**( ) Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

**( ) Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

### ITEM SEVEN - PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS

Each of the following PHYSICAL DAMAGE coverages which is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "(X)".

Coverages	Types of "Autos"		Interests Covered			
	New "Autos"	Used "Autos," Demonstrators and Service Vehicles	Your interest in covered "Autos" you own	Your interest only in financed covered "Autos"	Your interest and the interest of any creditor named as a loss payee	All interests in any "Auto" not owned by you or any creditor while in your possession on consignment for sale
Comprehensive						
Specified Causes of Loss						
Collision						

Location No.	Coverages	LIMIT OF INSURANCE FOR EACH LOCATION	Rates	Premium
1	Comprehensive	\$ _____ minus \$ _____ deductible for each covered "auto" for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event. (Type: ( ) Standard Open Lot ( ) Non-standard Open Lot ( ) Standard Building.)		
	Specified Causes of Loss	\$ _____ minus \$ _____ deductible for each covered "auto" for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event. (Type: ( ) Standard Open Lot ( ) Non-standard Open Lot ( ) Standard Building.)		
2	Comprehensive	\$ _____ minus \$ _____ deductible for each covered "auto" for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event. (Type: ( ) Standard Open Lot ( ) Non-standard Open Lot ( ) Standard Building.)		
	Specified Causes of Loss	\$ _____ minus \$ _____ deductible for each covered "auto" for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event. (Type: ( ) Standard Open Lot ( ) Non-standard Open Lot ( ) Standard Building.)		
3	Comprehensive	\$ _____ minus \$ _____ deductible for each covered "auto" for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event. (Type: ( ) Standard Open Lot ( ) Non-standard Open Lot ( ) Standard Building.)		
	Specified Causes of Loss	\$ _____ minus \$ _____ deductible for each covered "auto" for "loss" caused by theft or mischief or vandalism subject to \$ _____ maximum deductible for all such "loss" in any one event. <b>Or</b> \$ _____ minus \$ _____ deductible for all perils subject to \$ _____ maximum deductible for all such loss in any one event. (Type: ( ) Standard Open Lot ( ) Non-standard Open Lot ( ) Standard Building.)		



**ITEM NINE - UNINSURED MOTORISTS COVERAGE AND/OR UNDERINSURED MOTORISTS COVERAGE - PREMIUM - REFER TO ITEM TEN FOR SEPARATELY REGISTERED COVERED AUTOS**

Location No.	Number of Plates	Rate per Plate		Premium	
		UM	UIM	UM	UIM
1					
2					
3					
TOTAL PREMIUM					

**ITEM TEN - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS. REFER TO "SCHEDULE OF COVERED AUTOS YOU OWN"**

**ITEM ELEVEN - LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY**

	Number of Driver Trips	Rate	Premium
51-200 miles			
Over 200 miles			
Total Premium			

## CHANGES IN POLICY – GARAGE DECLARATIONS – ITEM TWO

POLICY NUMBER

SCHEDULE OF COVERAGES AND COVERED AUTOS IS CHANGED AS FOLLOWS:

### ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for "garage operations."

COVERAGES	COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE "ACCIDENT" OR "LOSS"	PREMIUM
LIABILITY - "Garage Operations" "Auto" Other Than "Auto" Only Other Than "Auto" Only		\$ each "Accident" \$ each "Accident" \$ Aggregate	
PERSONAL INJURY PROTECTION (PIP) (or equivalent No-fault coverage)		Separately stated in each PIP ENDORSEMENT	
ADDED PERSONAL INJURY PROTECTION (PIP) (or equivalent added No-fault coverage)		Separately stated in each ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (PPI) (MI only)		Separately stated in the PPI ENDORSEMENT	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (ME/ILB) (VA only)		Separately stated in each ME/ILB ENDORSEMENT	
AUTO MEDICAL PAYMENTS (MED)		\$	
UNINSURED MOTORISTS (UM)		See UM/UIM SCHEDULE	
UNDERINSURED MOTORISTS (UIM) (When not included in Uninsured Motorists Coverage)		See UM/UIM SCHEDULE	

## ITEM TWO (Continued)

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
GARAGEKEEPERS			
COMPREHENSIVE (COMP)		Separately Stated For Each Location In Item Six.	
SPECIFIED CAUSES OF LOSS (SCL)		Separately Stated For Each Location In Item Six.	
COLLISION (COLL)		Separately Stated For Each Location In Item Six.	
PHYSICAL DAMAGE			
COMPREHENSIVE (COMP)		Actual Cash Value or Cost of Repair whichever is less Minus \$ Deductible for Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning. See Item Seven for Dealers Autos.	
SPECIFIED CAUSES OF LOSS (SCL)		Actual Cash Value or Cost of Repair whichever is less Minus \$ Deductible for Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning. See Item Seven for Dealers Autos.	
COLLISION (COLL)		Actual Cash Value or Cost of Repair whichever is less Minus \$ Deductible for Each Covered Auto. See Item Seven for Dealers Autos.	
TOWING AND LABOR		See ITEM THREE Schedule of Covered "Autos" You Own.	
SCHEDULE PREMIUM			
ENDORSEMENT PREMIUM			
ESTIMATED PREMIUM			
SURCHARGES, TAXES, & ASSESSMENTS SHOWN IN SEPARATE SCHEDULE ATTACHED.			

This policy may be subject to final audit.

<i>SERFF Tracking Number:</i>	<i>WAUS-125688430</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Insurance Company of Wausau, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AUF-CW-014-08</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto-Business Auto and Garage</i>		
<i>Project Name/Number:</i>	<i>Amendment of company declaration pages/AUF-CW-014-08</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WAUS-125688430 State: Arkansas  
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50  
Company Tracking Number: AUF-CW-014-08  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto-Business Auto and Garage  
Project Name/Number: Amendment of company declaration pages/AUF-CW-014-08

## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-Property & Casualty  
**Bypass Reason:** Not Required  
**Comments:**

**Review Status:**  
Approved 06/10/2008

**Satisfied -Name:** Forms Inventory  
**Comments:**  
**Attachment:** Forms Inventory.pdf

**Review Status:**  
Approved 06/10/2008

**Commercial Auto Inventory  
Countrywide  
September 1, 2008**

New Form # & Edition Date	Revised/ Discontinued Form # & Edition Date	Title/Purpose/Pricing	Optional or Mandatory Restricts or Broadens Coverage Premium Charge – Yes or No		
WA8454 0908	WA8454 0906	Changes in Policy – Business Auto Declarations – Item Two Revised to update to coincide with the 03-08 version of the CA DS 03 03 08	M	B	Y
CADS09 0908	CADS09 0308	Garage Declarations Revised to correct printing errors	M	B	Y
WA8456 0908	WA8456 0906	Changes in Policy – Garage Declarations – Item Two Revised to update to coincide with the 09-08 version of the CA DS 09 09 08	M	B	Y